



----- (Return this part, or submit information by email, if attending the classroom session) -----

VISIBLE EMISSIONS TRAINING – CLASSROOM SESSION

Pre-registration Form

Name (Print clearly)	Company/Organization/Affiliation	Telephone or email

Comments: _____

Return this form to: North Dakota Department of Health
Division of Air Quality, VE Program
918 E. Divide Avenue, 2nd Floor
Bismarck, ND 58501

or by email to: khinnenk@nd.gov
or: raolson@nd.gov
or: sfasching@nd.gov